

**DECLARATION AND
POWER OF ATTORNEY
FOR UTILITY OR DESIGN
PATENT APPLICATION
(37 CFR 1.63)**



Declaration
Submitted
with Initial
Filing

OR



Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

ITR0046Y

First Named Inventor

Crescenzi et al.

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

N-SUBSTITUTED HYDROXYPYRIMIDINONE CARBOXAMIDE INHIBITORS OF HIV INTEGRASE

(Title of the Invention)

the specification of which



bears the Attorney Docket Number and Title of the Invention noted above

OR



is attached hereto

OR



was filed on (MM/DD/YYYY) 12/18/2003 as United States Application Number or PCT International

Application Number PCT/GB2003/005536 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f) or 365(b) of any foreign application(s) for patent or inventor's certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Attorney Docket Number	Priority Claimed? YES NO	
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>



Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Attorney Docket Number
60/436,830	12/27/2002	ITR0046PV
60/528,776	12/12/2003	ITR0046PV2

DECLARATION AND POWER OF ATTORNEY for Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information known to me to be material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Application Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/GB2003/005536	12/18/2003	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint, respectively and individually, as my attorney(s) or agent(s) with full power of substitution and revocation, the following registered practitioner(s) to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith:

☐ Customer Number
 OR
☒ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Kenneth R. Walton	32,951	Valerie J. Camara	35,090

Direct all correspondence to: ☒ Customer Number 000210

Name	Kenneth R. Walton				
Address	Merck & Co., Inc. - Patent Department				
Address	P.O. Box 2000, RY60-30				
City	Rahway	State	NJ	ZIP	07065-0907
Country	USA	Telephone	(732)594-3462	Fax	(732)594-4720

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

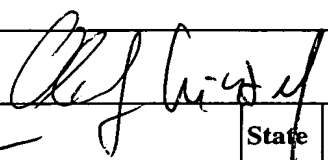
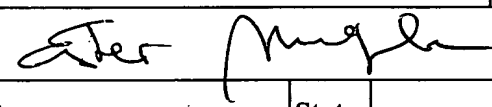

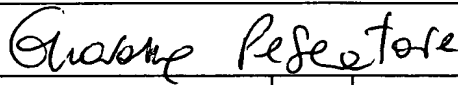
Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname			
Benedetta		Crescenzi			
Inventor's Signature	<i>Benedetta Crescenzi</i>			Date	March 17, 2004
Residence: City	Rome	State		Country	Italy <i>ITX</i>
				Citizenship	IT
Post Office Address	Istituto di Ricerche di Biologia Molecolare P. Angeletti S.p.A.				
City	Pomezia (Roma)	State	Italy	ZIP	00040

☒ Additional inventors are being named on the 2 supplemental Additional Inventors(s) sheet(s) PTO/SB/02A attached hereto.

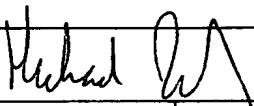
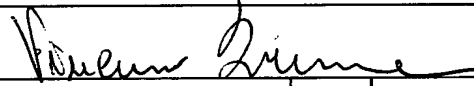
DECLARATION AND POWER OF ATTORNEY

ADDITIONAL INVENTOR(S)
Supplemental Sheet

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any])				Family Name or Surname									
Olaf				Kinzel									
Inventor's Signature					Date		March 9, 2004						
Residence: City		Rome		State		Country		Italy ITX		Citizenship		DE	
Post Office Address		Istituto di Ricerche di Biologia Molecolare P. Angeletti S.p.A.											
City		Pomezia (Rome)			State		Italy		ZIP		00040		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any])				Family Name or Surname									
Ester				Muraglia									
Inventor's Signature					Date		March 9, 2004						
Residence: City		Rome		State		Country		Italy ITX		Citizenship		IT	
Post Office Address		Istituto di Ricerche di Biologia Molecolare P. Angeletti S.p.A.											
City		Pomezia (Rome)			State		Italy		ZIP		00040		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any])				Family Name or Surname									
Federica				Orvieto									
Inventor's Signature					Date		March 9, 2004						
Residence: City		Rome		State		Country		Italy ITX		Citizenship		IT	
Post Office Address		Istituto di Ricerche di Biologia Molecolare P. Angeletti S.p.A.											
City		Pomezia (Rome)			State		Italy		ZIP		00040		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any])				Family Name or Surname									
Giovanna				Pescatore									
Inventor's Signature					Date		March 9, 2004						
Residence: City		Cosenza		State		Country		Italy ITX		Citizenship		IT	
Post Office Address		Istituto di Ricerche di Biologia Molecolare P. Angeletti S.p.A.											
City		Pomezia (Rome)			State		Italy		ZIP		00040		

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ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Michael				Rowley			
Inventor's Signature				Date	19 Jan 2004		
Residence: City	Axa (RM)	State		Country	Italy	Citizenship	GB
Post Office Address	Istituto di Ricerche di Biologia Molecolare P. Angeletti S.p.A.						
City	Pomezia (Rome)	State		Italy	ZIP	00040	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Vincenzo				Summa			
Inventor's Signature				Date	March 9, 2004		
Residence: City	Velletri	State		Country	Italy	Citizenship	IT
Post Office Address	Istituto di Ricerche di Biologia Molecolare P. Angeletti S.p.A.						
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Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
City		State			ZIP		
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Post Office Address							
City		State			ZIP		

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☒ Declaration Submitted with Initial Filing **OR** ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number ITR0046Y

First Named Inventor Crescenzi et al.

COMPLETE IF KNOWN

Application Number

Filing Date

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Examiner Name

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the specification of which

☐ bears the Attorney Docket Number and Title of the Invention noted above

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☐ is attached hereto

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Application Number PCT/GB2003/005536 and was amended on (MM/DD/YYYY) (if applicable).

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Attorney Docket Number	Priority Claimed?	
				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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U.S. Parent Application or PCT Parent Application Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/GB2003/005536	12/18/2003	

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As a named inventor, I hereby appoint, respectively and individually, as my attorney(s) or agent(s) with full power of substitution and revocation, the following registered practitioner(s) to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith:

☐ Customer Number
 OR
☒ Registered practitioner(s) name/registration number listed below

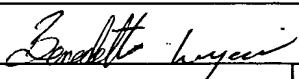
Name	Registration Number	Name	Registration Number
Kenneth R. Walton	32,951	Valerie J. Camara	35,090

Direct all correspondence to: ☒ Customer Number **000210**

Name	Kenneth R. Walton				
Address	Merck & Co., Inc. - Patent Department				
Address	P.O. Box 2000, RY60-30				
City	Rahway	State	NJ	ZIP	07065-0907
Country	USA	Telephone	(732)594-3462	Fax	(732)594-4720

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

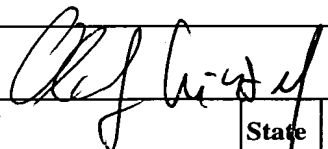
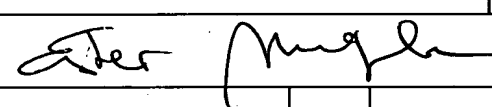
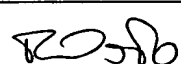
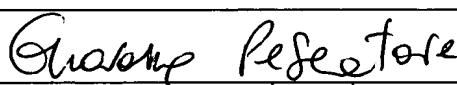
Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname			
Benedetta		Crescenzi			
Inventor's Signature				Date	March 17, 2004
Residence: City	Rome	State		Country	Italy
Citizenship	IT				
Post Office Address	Istituto di Ricerche di Biologia Molecolare P. Angeletti S.p.A.				
City	Pomezia (Roma)	State	Italy	ZIP	00040

☒ Additional inventors are being named on the 2 supplemental Additional Inventors(s) sheet(s) PTO/SB/02A attached hereto.

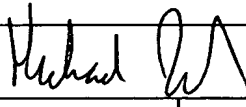
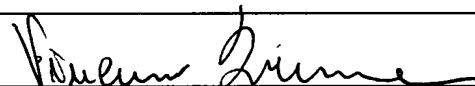
DECLARATION AND POWER OF ATTORNEY

ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Olaf				Kinzel			
Inventor's Signature						Date	March 9, 2004
Residence: City	Rome	State		Country	Italy	Citizenship	DE
Post Office Address	Istituto di Ricerche di Biologia Molecolare P. Angeletti S.p.A.						
City	Pomezia (Rome)	State	Italy	ZIP	00040		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Ester				Muraglia			
Inventor's Signature						Date	March 9, 2004
Residence: City	Rome	State		Country	Italy	Citizenship	IT
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City	Pomezia (Rome)	State	Italy	ZIP	00040		
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Given Name (first and middle [if any])				Family Name or Surname			
Federica				Orvieto			
Inventor's Signature						Date	March 9, 2004
Residence: City	Rome	State		Country	Italy	Citizenship	IT
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City	Pomezia (Rome)	State	Italy	ZIP	00040		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Giovanna				Pescatore			
Inventor's Signature						Date	March 9, 2004
Residence: City	Cosenza	State		Country	Italy	Citizenship	IT
Post Office Address	Istituto di Ricerche di Biologia Molecolare P. Angeletti S.p.A.						
City	Pomezia (Rome)	State	Italy	ZIP	00040		

DECLARATION AND POWER OF ATTORNEY

ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Michael				Rowley			
Inventor's Signature						Date	19 Jan 2004
Residence: City	Axa (RM)	State		Country	Italy	Citizenship	GB
Post Office Address	Istituto di Ricerche di Biologia Molecolare P. Angeletti S.p.A.						
City	Pomezia (Rome)	State		Italy	ZIP	00040	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Vincenzo				Summa			
Inventor's Signature						Date	March 9, 2004
Residence: City	Velletri	State		Country	Italy	Citizenship	IT
Post Office Address	Istituto di Ricerche di Biologia Molecolare P. Angeletti S.p.A.						
City	Pomezia (Rome)	State		Italy	ZIP	00040	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
City		State			ZIP		
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Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
City		State			ZIP		